

ii. All subsequent payments. (1-16-80)

b. Excessive reimbursement or noncovered services may precipitate immediate audit and settlement for the period(s) in question. Where such a determination is made, it may be necessary that the interim reimbursement rate (IRR) will be reduced. This reduction shall be designated to effect at least one of the following: (1-16-80)

i. Discontinuance of overpayments (on an interim basis). (1-16-80)

ii. Recovery of overpayments. (1-16-80)

357. -- 399. (RESERVED).

400. PROVIDER RIGHTS AND OBLIGATIONS.

01. Provider Rights. (7-1-93)

a. Appeal Procedure. Provisions for appealing interim rates, program determinations, or final audit reports are contained in Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 330, et seq., and Section 301, "Rules Governing Contested Cases and Declaratory Rulings". (12-31-91)

b. Clarification. Providers shall have the right to receive information, clarification, etc., about policies, recommendations or criteria set forth in the Title XIX guidelines. (1-16-80)

c. Clarification. Providers or their agents may write, call or appear in person to receive clarification regarding any policy, procedure or requirement of the program. (1-16-80)

i. Telephone calls are acceptable for the conveyance of general information but present confidentiality and other problems. Therefore, their use is limited. (1-16-80)

ii. Written requests are preferred for special requests or clarification. In some cases written requests may be required. (1-16-80)

iii. Personal inquiries are always welcome. An atmosphere of cooperation between providers and the Department is encouraged. Such a relationship facilitates the type of information exchange and responsibility that the Department has assumed as intermediary in the program. In order to reasonably ensure the availability of staff for appointments, it would be well to confirm an appointment prior to arrival. (1-16-80)

d. Consultant Services. All providers may use the Department as a consultant to the extent that such activities relate to patient care. (1-16-80)

e. Withdrawal. All providers have the right to withdraw from program participation as specified in the state of Idaho, Title XIX Medicaid Provider Agreement. (1-16-80)

02. **Provider Obligations.** Providers and their agents shall be obligated to operate in a manner consistent with overall economy and efficiency. (1-16-80)

a. Provider Agreement Provisions. Providers may not enter into any agreement or transaction which violates their provider agreement or position of trust regarding program beneficiaries. (1-16-80)

b. Notification. All providers will be required to notify the intermediary of significant changes in ownership, management, policies, or procedures. This shall also apply to any entity related to the provider. (1-16-80)

c. **Providing Information.** Providers shall be obligated to provide all requested information, documents, etc., to Departmental auditors. Failure to comply may result in disallowances. (1-16-80)

d. **Changes in Fiscal Years.** Providers are required to report a change in fiscal year. (1-16-80)

e. **Reporting.** Providers are required to notify the Department when there is a change in interim rates, entry into or withdrawal from the Title XVIII Medicare Program. (1-16-80)

401. (RESERVED).

402. IDAHO OWNER-ADMINISTRATIVE COMPENSATION.

Allowable compensation to owners and persons related to owners who provide any administrative services shall be limited based on the schedule in this Section. (7-1-97)

01. Allowable Owner Administrative Compensation. The following schedule shall be used in determining the maximum amount of owner administrative compensation allowable for the calendar year ending December 31, 1996.

Licensed Bed Range	Upper limit
51 - 100	67,300
101 - 150	74,025
151 - 250	100,525
251 - up	144,300

(7-1-97)

02. The Administrative Compensation Schedule. The administrative compensation schedule in this Section shall be adjusted annually based upon the change in average hourly earnings in nursing and personal care facilities as published by Data Resources Incorporated, its successor organization or, if unavailable, another nationally recognized forecasting firm. (7-1-97)

03. The Maximum Allowable Compensation. The maximum allowable compensation for an owner providing administrative services is determined from the schedule in Subsection 402.01. Allowable compensation will be determined as follows: (7-1-97)

a. In determining the number of beds applicable on the schedule, all licensed beds for which the individual provides administrative services shall be counted, regardless of whether they are in the same facility. (7-1-97)

b. For an owner providing services to more than fifty (50) beds, the amounts shown on the schedule for the applicable number of beds will determine the upper limit for allowable compensation. (7-1-97)

c. For owners providing services to less than fifty-one (51) beds, such services related to administrative duties will be reimbursed at the hourly rate allowable if the owner was providing services to fifty-one (51) beds. Additionally, services other than administrative services may be performed by the owner and shall be allowable at the reasonable market rate for such services. To be allowable, hours for each type of service shall be documented. In no event shall the total compensation for administrative and non-administrative duties paid to an owner or related party to an owner of a facility or facilities with fifty (50) licensed beds or less exceed the limit that would be applicable to an owner with the same number of points providing administrative services to facilities with fifty-one (51) beds as set forth in the schedule of Subsection 402.01 of these rules. (7-1-97)

04. Compensation For Persons Related To An Owner. Compensation for persons related to an owner will be evaluated in the same manner as for an owner. (7-1-97)

05. When An Owner Provides Services To More Than One Provider. When an owner provides services to more than one (1) provider compensation will be distributed on the same basis as costs are allocated for non-owners. (7-1-97)

06. More Than One Owner Or Related Party May Receive Compensation For Hours Actually Worked. Services must be actually performed, documented and necessary. Total compensation must be reasonable, and not greater than the amount for which the same services could be obtained on the open market. The standard by which full time compensation is measured shall be two thousand eighty (2,080) hours. Compensation of an owner or a party related to an owner is subject to other provisions of this chapter, and shall not exceed the compensation determined from the Administrative Compensation Schedule, and, on an hourly basis, shall not exceed the compensation determined in the Administrative Compensation Schedule divided by two thousand eighty (2,080). (7-1-97)

403. -- 404. (RESERVED).

405. **ANCILLIARY AND ROUTINE NURSING SUPPLIES.**

01. **Ancillary Supplies.**

Ancillary Supplies
Artificial Limbs
Canes
Laboratory Tests
Legend Drugs and Insulin paid to facilities on a patient and prescription specific basis
Radiology
X-ray

(7-1-93)

02. **Routine Supplies.**

Routine Supplies
A & D Ointment
ABD Pad
Ace Bandages
Acquomatic K Pads
Air Mattress
Alcohol Applicators
Arm Slings
Asepto Syringes
Autoclave Sheets
Baby Powder
Band Aid Spots
Band Aids
Bandages/Elastic
Bandages/Sterile
Basins
Bed Frame Equipment
Bed Pans
Bedside Tissues
Benzoin Aerosol
Bibs
Bottles/Specimen
Braces
Butterfly Closures
Cannula/Nasal
Catheter Clamp
Catheter Plug
Catheter Tray
Catheters, any size
Catheters/Irrigation
Clinitest
Clysis Set

Coloplast
Cotton Balls
Crutches
Decubitus Ulcer Pads
Defecation Pads
Denture Cup
Deodorant
Dermassage
Disposable Leg Bag
Disposable Underpads
Donut Pad
Douche Bags
Drainage Bags
Drainage Sets
Drainage Tubing
Dressing/Sterile
Dressing Tray
Drugs Nonlegend
Enema Cans/Disposable
Enema/Fleets
Enema/Fleets in Oil
Female Urinal
Finger Cots
Flex Straws
Flotation Mattress
Foot Cradle
Gastric Feeding Tube
Gloves/Nonsterile
Gloves/Sterile
Gowns
Hand Feeding
Harris Flush Tube
Heat Cradle
Heating Pad
Heel Protectors
Hexol
Hot Pack Machine
Ice Bag
Identification Bands
Incontinency Care
Invalid Ring
IPPB Machine
Irrigation Bulb
Irrigation Set

Irrigation Solution
Irrigation Tray
IV Set
Jelly/Lubricating
Killet Ampules
Kleenex
Kling bandages/Sterile
KY Jelly
Levine Tube
Linen
Lotion
Maalox
Male Urinal
Massages
Medical Social Services
Medicine Cups
Medicine Dropper
Merthiolate Spray
Milk of Magnesia
Mineral Oil
Mouthwashes
Nasal Cannula
Nasal Catheter
Nasal Gastric Tube
Nasal Tube
Needles
Nonallergic Tape (paper tape)
Nursing Services
Occupational Therapy
Ointment/Skin Nonprescription
Overhead Trapeze
Oxygen
Oxygen Equipment-IPPB
Oxygen Mask/Disposable
Oxygen/Nondisposable
Peroxide
Personal Laundry (except for dry cleaning and special laundry)
Pitcher
Physical Therapy*
Plastic Bib
Pumps*

Rectal Tube
Restraints
Room and Board
Sand Bags
Scalpel
Sheep Skin
Special Diets
Specimen Cup
Speech Therapy
Sponges/Sterile
Sterile Pads
Stomach Tube
Suction Machines
Suppositories
Surgical Dressings
Surgical Pads
Surgical Tape/Nonallergic
Suture Set Suture Tray
Swabs/Lemon & Glycerin
Tape (Lab-Testing)
Tape/Autoclave
Testing Sets/Refills
Thermometers
Tincture of Benzoin
Tongue Blades
Tracheostomy Sponges
Tray Service
Tubing/IV
Tubing/Blood
Tubing/Drainage
Urinals
Urinary Drainage Tube Underpads (if more than occasional use)
Urological Solutions
Vaseline
Walkers
Water Pitchers
Wheel Chairs
Water for Injection

*Subject to Department policy

(1-1-82)

406. (RESERVED).

407. COSTS FOR THE COMPLETION OF NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS (NATCEPs) IN NURSING FACILITIES (NFs) EXCLUDING ICF/MR FACILITIES AND FOR COMPLYING WITH CERTAIN OTHER REQUIREMENTS.

Provisions of federal law require the state to give special treatment to costs related to the completion of training and competency evaluation of nurse aides and to increase rates related to other new requirements. Treatment will be as follows: (9-28-90)

01. Cost Reimbursement. Effective for cost reports filed and for payments made after April 1, 1990, such NATCEP costs shall be outside the content of nursing facility care and shall be reimbursed separately as an ancillary cost. (9-28-90)

02. Costs Subject To Audit. Such NATCEP costs shall remain subject to audit, shall be reported separate from other costs, shall be reported by all NFs including those which are hospital based and will not be included in the percentile cap. (9-28-90)

03. Payment Adjustments. Beginning April 1, 1990, interim NF payments will be adjusted to exclude NATCEP costs from the content of NF care, separate payments covering such costs will be made, and payment rates will be revised to cover certain other costs. (9-28-90)

a. NATCEP's costs are not part of the content of nursing home care, are to be reported separately on cost reports by all NF's and are reimbursed separate from NF interim rates. Such costs incurred from July 1, 1988 through September 30, 1990 will be reimbursed at one hundred percent (100%) of reasonable cost; NATCEP costs incurred thereafter will be separately reimbursed based on the Medicaid share of reasonable costs. (9-28-90)

b. Reimbursement for new costs, other than NATCEP related costs, which result from Public Law 100-203 (OBRA 1987) will be incorporated in interim NF payments effective October 1, 1990 for those providers who document such costs by October 1, 1990. Acceptable documentation will include estimated wages and benefits for new employees or net increases in scheduled working hours for specific current employees in order to comply with new requirements under OBRA 1987. The Department will provide forms for listing items related to the added costs including: (9-28-90)

- i. New employees; (9-28-90)
- ii. Related new responsibilities; (9-28-90)
- iii. Products and services added; (9-28-90)
- iv. Products and services no longer required; (9-28-90)
- v. Added hours required; (9-28-90)
- vi. Wage rates and other costs related to the net added products and services; and (9-28-90)
- vii. The benefits rate for the facility. (9-28-90)

c. Interim rate increases will be based on total estimated added annual costs divided by the number of annual patient days used in determining the remainder of the interim rate. These rate increases are subject to reevaluation and revision based on actual costs. Interim payments are intended to approximate as closely as possible the final settlement amount. The final settlement for increases related to new costs resulting from OBRA's will be no more or less than audited actual cost. There will be no percentile cap or efficiency increment applied to these new costs. (9-28-90)

d. A rate change for new costs related to OBRA 1987 will not count toward the limit of two (2) adjustments per year as addressed in Subsection 303.03. (12-31-91)

408. QUALITY INCENTIVES.

Nursing facility providers that are recognized for providing high quality care, based on determinations by the agency of the Department that inspects and certifies such facilities for participation in the Medicaid program, shall be eligible for incentive payments. The amount of such payments and the basis therefore will be determined by the Director and will be paid in addition to any other payments for which the facility is eligible under other provisions of this chapter, including provisions related to limitations related to customary charges. However, such payments will be subject to available State and federal funds and will be postponed or omitted in the event that such payments along with other payments made to Nursing Facilities under this chapter would, in aggregate, exceed the estimated payments that would be made utilizing Medicare principles of cost reimbursement. (7-1-97)

409. -- 448. (RESERVED).

APPENDICES

The following appendices are to clarify provisions specifically referred to in the Idaho State plan. Any other provisions contained in the appendices are not intended to be a part of the State Plan. Such other provisions are to assure the reader of the context of those provisions that directly relate to the State Plan in order to avoid errors in understanding those specific provisions.

Appendix A: Idaho State Code extractions referred to in the State Plan

Appendix B: Facility Definitions from Idaho Code

Appendix C: Parts of the Medical Assistance Rules

Appendix D: Audit rules

Appendix E: Section 250. through 256. of Attachment 4.19-D approved under TN96-09 and applicable to nursing facility reimbursement through June 30, 1999

Appendix F: Sections of Idaho Code effective July 1, 1999 and Assurance of Public Notice

Appendix A

Idaho State Code extractions including references in Idaho State Plan

Provisions in this appendix are only applicable to the Idaho State Plan to the extent that such provisions are directly related to references in the plan to these provisions. In the event of any conflict, difference of definition, ambiguity, discrepancy, or dispute, arising from provisions in this appendix, the provisions of this appendix are subordinate to state plan provisions not in this appendix as determined by the Department. Furthermore, any references to laws, rules, or documents which are exclusive to this appendix (which are not in Attachment 4.19-D of the State Plan) are to be deemed extraneous to the plan.

TITLE 56 PUBLIC ASSISTANCE AND WELFARE CHAPTER 1 PAYMENT FOR SKILLED AND INTERMEDIATE SERVICES

56-101. **DEFINITIONS.** Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter and shall have the following meanings:

(1) "Appraisal" means the method of determining the value of the property as determined by a M.A.I. appraisal. The appraisal must specifically identify the values of land, building, equipment, and goodwill.

(2) "Assets" mean economic resources of the contractor, recognized and measured in conformity with generally accepted accounting principles.

(3) "Depreciation" means the systematic distribution of the cost or other basis of tangible assets, less salvage, over the estimated useful life of the assets.

(4) "Director" means the director of the department of health and welfare or his designee.

(5) "Equity" means the new book value of all tangible and intangible assets less the recorded value of all liabilities, as recognized and measured in conformity with generally accepted accounting principles.

(6) "Facility" means an entity which contracts with the director to provide services to recipients in a structure owned, controlled, or otherwise operated by such entity, and which entity is responsible for operational decisions. In conjunction with the use of the term "facility":

1. "Free-standing intermediate care" means an intermediate care facility, as

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